

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42203**
1003 Registrar's No. **0844**

BIRTH NO. _____		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY St. Louis, Mo.			2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission). a. STATE St. Louis, Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 16 TOWN 4161	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			d. STREET ADDRESS (If rural, give location) 7027 Hunter Av. Normandy		
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) J.		c. (Last) Egan	
5. SEX male		6. COLOR OR RACE white		4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1950	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Feb. 17, 1930		9. AGE (In years last birthday) 20 If under 1 year: Months 9 Days 2 If under 12 mos. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) U. S. Forces		10b. KIND OF BUSINESS OR INDUSTRY Army		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Thomas Egan		13b. MOTHER'S MAIDEN NAME Marie O'Leary	
14. NAME OF HUSBAND OR WIFE Laura Egan		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) U.S. Marines		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Laura Egan		17. INFORMANT'S SIGNATURE OR NAME Laura Egan		ADDRESS 7027 Hunter Normandy	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Internal Hemorrhage In right femur suffered when auto of Jess Goldsman Jr. driven by same and auto operated by Tom Egan collided at intersection of Washington and Vandeventer Ave. about 330 am Nov 19 1950 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Accident			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 19 1950 330 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 816 6	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10 P. m. , from the causes and on the date stated above.					
23. SIGNATURE Patrick E. Taylor		23b. ADDRESS 1500 Clark		23c. DATE SIGNED NOV 19 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 22, 1950		24c. NAME OF CEMETERY OR CREMATORY Calvary cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Fun. Dir.			
DATE REC'D BY LOCAL REG. NOV 20 1950		REGISTRAR'S SIGNATURE J. B. Foster		ADDRESS 2849 N. Euclid	

(Licensed Embalmer's Statement on Reverse Side)

WRITE IN LEADING-BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 355-3

P. O. Address St Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.